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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:24

DOCUMENT # V48643 (3)

1. Corporation Name
CHICKS R US, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5400 EAGLES PT. CIRCLE APT. #404 SARASOTA FL 34231	5400 EAGLES PT. CIRCLE APT. #404 SARASOTA FL 34231

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 P.O. Box 19527
22 Suite, Apt. #, etc.
23 City & State: SARASOTA FL
24 Zip: 34276
25 Country: SARASOTA

2a. Mailing Address
26 P.O. Box 19527
27 Suite, Apt. #, etc.
28 City & State: SARASOTA FL
29 Zip: 34276
30 Country: SARASOTA

4. FEI Number: 65-0346179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPELL, BENJAMIN
5400 EAGLES POINT CIRCLE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1960 STICKNEY PT. RD.
83 SUITE 209
84 City: SARASOTA FL 85 Zip Code: 34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	PAPELL, JEFFREY	1.2 NAME	
STREET ADDRESS	540 BRICKELL KEY DR.	1.3 STREET ADDRESS	1960 STICKNEY PT. RD. STE. 209
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	PAPELL, BENJAMIN	2.2 NAME	
STREET ADDRESS	5400 EAGLES PT. CIRCLE	2.3 STREET ADDRESS	1960 STICKNEY PT. RD. STE 209
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Benjamin Papell BENJAMIN PAPELL 1-26-95 813/922-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350036 CP